

Crown

Town

County

Died at

Fingert

Eannett

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Oct

13

Age

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband of

Wife

Father's Name

Thos Crown

Mother's Maiden Name

Mary Ballah

Cause of

Primary

Still born

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

F. Allen E. [unclear] Jr.

Address

Fingert Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Corella Delawder

Town

County

Died at

Oakland

Garrett

MARYLAND

Date 19

02

Month Day

Oct 24

Age

71-6

Y. M. D.

Native of

Ind

Occupation

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband of

Wife

Father's

Name

John A. Delawder

Mother's

Jesse Hall

Maiden Name

Corella Poole

Cause of

Primary

Bilious Fever

How long sick

3 wks

Death

Immediate

Dropsy &amp; Complicat

Accident, Suicide, Homicide

Reported by

J. L. Delawder, M.D.

Address

Oakland Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.




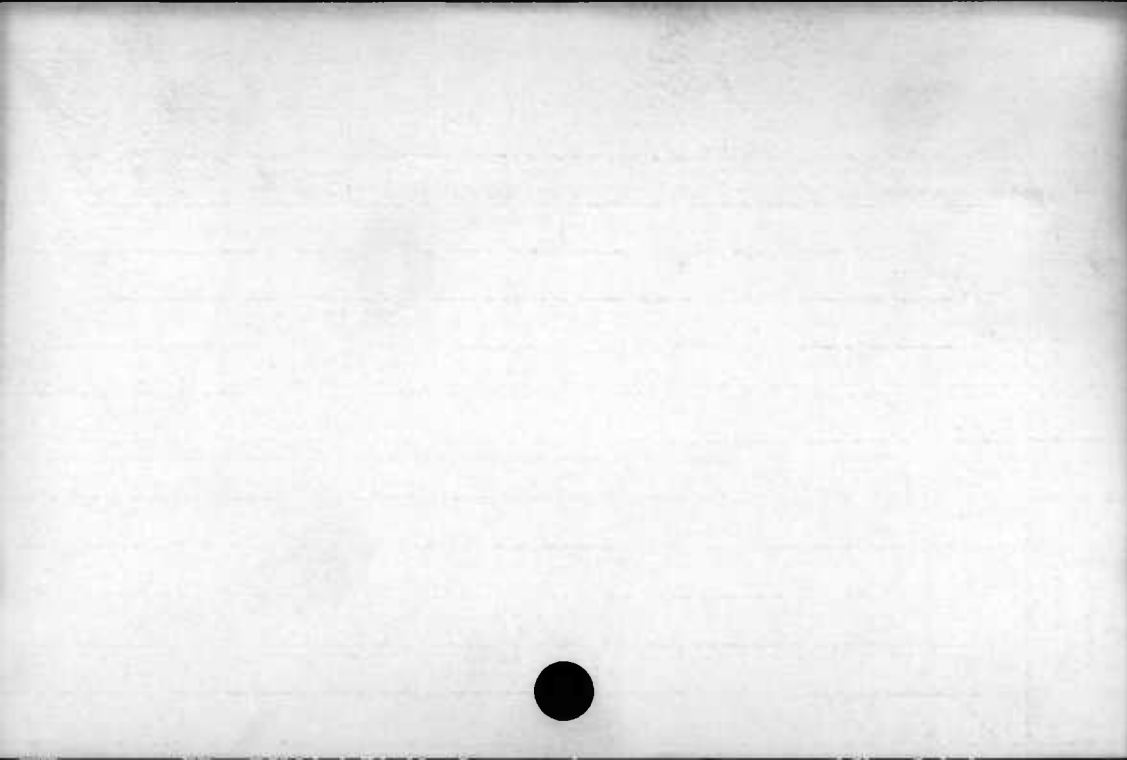
Name  
in  
Full(Copy)  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Oakland</i>		Town		<i>Harrell</i>		County		MARYLAND	
Date of death 190 <i>20</i>	Month <i>Oct</i>	Day <i>24</i>	Age <i>71</i>	Years	Months <i>6</i>	Days			
Sex <i>Female</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Md</i>						
Married, Single or Widowed <i>Married</i>	Occupation <i>Hcl.</i>								
Name of Wife or Husband <i>John A. Delawder</i>									
Father's Name <i>Jesse Hall</i>		Father's Birthplace <i>✓</i>							
Mother's Maiden Name <i>Bouella Poole</i>		Mother's Birthplace <i>✓</i>							
Name of person giving information		How related to deceased							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bilious Fever</i>	How long <i>5 wks</i>
Immediate <i>Dropsy &amp; Complications</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. D. Newman</i>
	Address <i>Oakland Md</i>
	
Accident or Suicide? <i>X</i>	



Name in Full

Certificate of Death

Jm Derwitt X

Town

County

MARYLAND

Died near Hoy

Garrett

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Oct

14

Age

76

4

22

Md

Labor

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

1

Husband  
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Typhoid fever

How long sick

2 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. Savage Undertaker

Address

Trenberville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79892





Name in Full

Certificate of Death

*Bessie Agnes Harris*

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02.

10

17

Age

3

4

28

7070

Infant

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79828



Name  
in  
Full~~Maude Haines~~ X

## CERTIFICATE OF DEATH

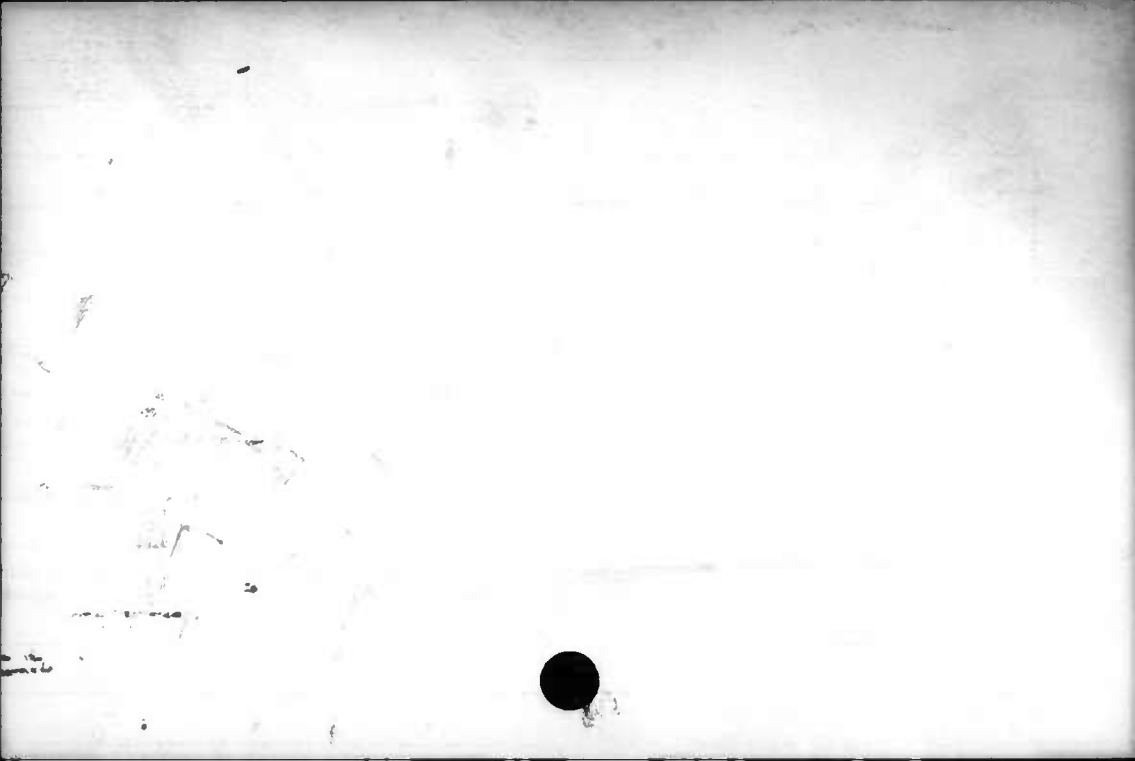
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Swanton</u> <sup>Town</sup>		<u>Gemall</u> <sup>County</sup>		MARYLAND	
Date of death 190	<u>2</u>	Month <u>Oct</u>	Day <u>16</u>	Age <u>3</u>	Years <u>-</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth- place <u>W Va</u>		
Married, Single or Widowed <u>Single</u>		Occupation <u>none</u>			
Name of Wife or Husband <u>-</u>					
Father's Name <u>Maude H Haines</u>			Father's Birthplace <u>W Va</u>		
Mother's Maiden Name <u>-</u>			Mother's Birthplace <u>-</u>		
Name of person giving In formation <u>Am Rhodes</u>			How related to deceased <u>not any</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Typhoid fever</u>	How long	<u>3 weeks</u>
Immediate	<u>-</u>	How long	<u>-</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician	
		Address	
Accident or Suicide?			



### Certificate of Death

<sup>x</sup>  
Moore

County

MARYLAND

Husband of \_\_\_\_\_  
Wife \_\_\_\_\_

Cause of	Primary	Scarlet Fever	How long sick
Death	Immediate	nephritis	<del>Accident, Suicide, Homicide</del>

Reported by J. Gilbert Selby  
Address Eggar W Va

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Baby Chr X

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Oakland</i>		Town		County		MARYLAND	
Date of death 190	2	Month	Oct	Day	3	Age	—
Sex	<i>boy</i>		Color or Race	<i>White</i>		Birth-place	<i>Oakland</i>
Married, Single or Widowed	<i>single</i>		Occupation	<i>none</i>			
Name of Wife or Husband —							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
<i>J E Lefge Ma</i>				<i>none</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>infantile skin diseases</i>	How long	<i>2 months</i>
Immediate	<i>as above</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. E. Lefge</i>	
		Address	
		<i>Oakland</i>	
Accident or Suicide?			

